

NOMINATION FOR COUNTY WEED SUPERVISOR

DATE: _____, _____

We hereby nominate the following named person for weed supervisor of _____
County.

1. Name: _____ Date of Birth: _____/_____/_____

Office Address: _____ Office Phone: _____

Home Address: _____ Home Phone: _____

2. Give nominee's experience with noxious weeds (in detail):

3. Past 10 years experience (give nature of work, position, etc.): _____

4. Will supervisor cooperate with: (a) Kansas Department of Agriculture _____ (b) County Agent _____

5. Will supervisor follow State rules and regulations and official methods of eradication? _____

6. High School attended or GED: _____ Date graduated: _____

7. Schools attended after High School (College or business and major course work or type of training:) _____

8. What is to be the monthly salary of appointee: \$ _____

9. Date appointment will be effective: _____

Executed before me on this _____ day of

_____, _____

(County Clerk)

Chairman, Board of County Commissioners

County Commissioner

County Commissioner

SEAL

Conditional Approval

Plant Protection Administrator

Date

Final Approval

Plant Protection Administrator

Date

NOTE: Please attach copy of minutes of board of county commissioners, showing action when County Weed Supervisor was selected. When approved (1) copy of Nomination will be returned to weed supervisor.